V. S. No. 2
100M—2-43
Rev. 5-17-39
X35897

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1049
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19305

FILED MAY 29 1944

Registration District No. 347

Primary Registration District No. 6159

Registrar's No.

1. PLACE OF DEATH:
(a) County Stone
(b) City or town Williams Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nora Gilbert
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Riley Gilbert
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 22 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	7	21	hr. min.

9. Birthplace Stone Co Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Housewife

FATHER
12. Name James R Jones
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Janie Youngblood
15. Birthplace Stone Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Riley Gilbert
(b) Address Berryville Ark R-4
17. (a) Burial (b) Date thereof 3/15-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Eye Cemetery
18. (a) Signature of funeral director None
(b) Address
19. (a) 4-7-44 (b) Chester D. Scott
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 14 year 19xx hour 5 minute a.M.

21. I hereby certify that I attended the deceased from 3-2 19xx, to 3-14 19xx;
that I last saw her alive on 3-2 19xx;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Nephritis (acute) & Chronic
also Organic heart
Myocarditis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

131 B

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature A. L. Parker (M.D. or other)
Address Berryville Date signed 3/16/xx

1195

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6.
District File Number S-44-644
Date Filed MAY 24 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.